

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA
GREENVILLE DIVISION**

IN RE:

**CAH ACQUISITION COMPANY 7, LLC
d/b/a PRAGUE COMMUNITY HOSPITAL**

DEBTOR

CHAPTER 11

CASE NO: 19-01298-5-JNC

☐ Check if this is an amended filing

**MONTHLY REPORT OF CORPORATE DEBTOR IN
POSSESSION/TRUSTEE**

DATE PETITION WAS FILED: March 21, 2019

REPORTING PERIOD COVERED: April 1 - 30, 2020

I declare under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge and belief:

DEBTOR:

Officer Name & Title: Thomas W. Waldrep, Jr., Trustee

Date: 6/15/2020 

Signature: s/Thomas W. Waldrep, Jr.

I have read the information in this report and the information contained herein is true and correct to the best of my knowledge and belief:

ATTORNEY FOR THE DEBTOR:

Printed Name: Jason L. Hendren Date: 6/15/2020

Signature: s/Jason L. Hendren

PART A: BUSINESS OPERATIONS

I. Summary of Business Operations:

1.) Please summarize the Debtor's business activities for the month:

On February 4, 2020, the Court entered an order approving the sale of the hospital. In April the Trustee was working with the buyer and anticipating that the sale would close in May. However, the buyer has since backed out of the agreed purchase and the Trustee anticipates the hospital will be foreclosed by First Liberty Bank unless another buyer comes forward quickly.

2.) Did the Debtor operate with a cash surplus or cash loss for the month? If the Debtor operated at a loss, please explain what affected profitability:

The Debtor operated with a cash surplus for the month.

3.) Did the Debtor have any significant receipts or disbursements this month that were unusual or do not reoccur every month? For example, receipts would include insurance claim proceeds, tax refunds and funds from sale proceeds. Disbursements would include annual or quarterly insurance premiums, tax payments, large repairs, etc.:

(a) RECEIPTS –

None

(b) DISBURSEMENTS –

None

II. Summary of Chapter 11 Activities:

1.) Were any transactions this month outside of the ordinary course of business? For example, did the Debtor sell any property, receive a loan from a third party or make any large purchases? If yes, please describe:

None

2.) What steps has the Debtor taken toward reorganization or liquidation?

The Trustee has filed a Plan and Disclosure Statement, and the Confirmation Hearing is set for July 22, 2020.

PART B: CERTIFICATIONS

- 1.) Is the Debtor current on all post-petition tax obligations? ☒ Yes ☐ No

If the Debtor checked **no**, please complete the chart below:

Name of Taxing Authority	Amount Of Taxes Owed

- 2.) Has the Debtor filed all necessary tax forms (e.g., 1040, 1120 and 941), coming due since the petition date? ☒ Yes ☐ No

If the Debtor checked **no**, please provide information regarding the tax forms that are currently unfiled:

- 3.) Is the Debtor current on all post-petition administrative expenses (excluding tax obligations)? ☐ Yes ☒ No

If the Debtor checked **no**, please complete the chart below:

Name of Administrative Creditor	Amount Owed
Waldrep LLP	\$ 78,035.00
Hendren, Redwine & Malone, PLLC	\$ 21,944.00
Grant Thornton	\$ 134,133.00
Spilman, Thomas & Battle	\$ 7,673.71
Nexsen Pruet	\$ 1,251.00
Arnett Cartis Toothman, LLP	\$ 63,053.00

- 7.) Did the Debtor deposit all sources of income into its DIP bank accounts this reporting period? ☐ Yes ☒ No

If the Debtor checked **no**, please detail where the estate funds were deposited, or (if not deposited), how the funds were disbursed:

The Debtor's income was deposited into US Bank #3911 and Vision Bank #2458.

- 8.) Did the Debtor pay any professionals (e.g., attorney or accountant) without prior Court approval this reporting period? ☐ Yes ☒ No

If the Debtor checked **yes**, please complete the chart below:

Name of Professional	Amount Paid

- 9.) Did the Debtor sell or transfer any property outside of the ordinary course of business without prior Court approval during this reporting period? ☐ Yes ☒ No

If the Debtor checked **yes**, please provide additional information regarding the property that was sold or transferred:

10.) Did any person or entity pay any expenses or costs on behalf of the Debtor during this reporting period? ☒ Yes ☐ No

If the Debtor checked yes, please list all expenses paid on behalf of the Debtor, including the name of the person or entity who made the payments:

Yes, Cohesive Management paid the operating expenses of the Debtor. Cohesive's accounting is included in this report.

11.) Did the Debtor transfer any property to or for the benefit of an officer or insider of the Debtor, or a relative of an officer or insider of the Debtor during the reporting period (a transfer includes, but is not limited to, the payment of personal expenses, provision of non-court approved fringe benefits, purchase of items for a personal non-business purpose)? ☐ Yes ☒ No

If the Debtor checked yes, please list all expenses or costs the Debtor paid on behalf of any officer or insider of the Debtor, or on behalf of a relative of an officer or insider of the Debtor:

**PART C: SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: ☐ Operating Account (Last 4 Digits: _____)
☐ Tax Account (Last 4 Digits: _____)
☐ Payroll Account (Last 4 Digits: _____)
☒ Trustee's Account (Last 4 Digits: 5082)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 291,382.12
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 1,479,130.86
[On following page- ***EXHIBIT 1***
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 495,938.79
[On following page- ***EXHIBIT 2***
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 1,274,574.19

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 1,274,574.19
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ 0.00
8. ENDING RECONCILED BALANCE: *\$ 1,274,574.19

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 5082)

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$
Collection of pre-petition accounts receivable	\$
Borrowing by Debtor (list sources below): (a) _____ (b) _____ (c) _____	(list amounts below): (a) _____ (b) _____ (c) _____ Total = \$ 0.00
Transfers from other accounts (list last 4 digits of account numbers below): (a) 2458 _____ (b) 3911 _____ (c) _____	(list amounts below): (a) \$ 1,199,996.00 _____ (b) \$ 278,918.91 _____ (c) _____ Total = \$ 1,478,914.91
Other forms of income/deposits (list sources below): (a) Misc. Deposit _____ (b) _____ (c) _____	(list amounts below): (a) \$ 215.95 _____ (b) _____ (c) _____ Total = \$ 215.95
Less allowance for returns and discounts	\$

➔ *TOTAL = **\$ 1,479,130.86** _____

***Total equals item #2 (Total Cash Receipts) on Part C.**

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 5082)**

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$
Net Payroll (excluding officer compensation)	\$
Officer Compensation	\$
Subcontractors and Contract Workers	\$
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$
Real Property Lease Payments	\$
Vehicle & Equipment Lease Payments	\$
Utilities (Telephone, Electricity, Water, Other)	\$
Travel and Entertainment	\$
Meal and Food Costs	\$
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$
Real Property Repairs and Maintenance Costs	\$
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$
Freight and Shipping Costs	\$
Advertising and Marketing	\$
Professional Fees (e.g., Attorney, Accountant)	\$
Quarterly Fees	\$
Transfers to other accounts (list last 4 digits of account numbers below): (a) <u>5518</u> (b) _____ (c) _____	(list amounts below): (a) <u>\$ 495,938.79</u> (b) _____ (c) _____ Total = \$ 495,938.79
Other (PROVIDE ATTACHMENT)	\$

➔ *TOTAL = \$ 495,938.79

*Total equals item #3 (Total Cash Disbursements) on Part C.

**SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: ☐ Operating Account (Last 4 Digits: _____)
☐ Tax Account (Last 4 Digits: _____)
☐ Payroll Account (Last 4 Digits: _____)
☒ US Bank Account (Last 4 Digits: 3911)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: **\$ 2,578.75**
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: **\$ 317,206.26**
[On following page- ***EXHIBIT 1***
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: **\$ 280,428.65**
[On following page- ***EXHIBIT 2***
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: **\$ 39,356.36**

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: **\$ 39,356.36**
6. PLUS UNCLEARED DEPOSITS **\$ 0.00**
7. LESS UNCLEARED CHECKS **\$ 0.00**
8. ENDING RECONCILED BALANCE: ***\$ 39,356.36**

*If item #4 differs from Item #8, please explain:

EXHIBIT 1**DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 3911)**

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$56,337.24
Collection of pre-petition accounts receivable	\$
Borrowing by Debtor (list sources below): (a) _____ (b) _____ (c) _____	(list amounts below): (a) _____ (b) _____ (c) _____ Total = \$ 0.00
Transfers from other accounts (list last 4 digits of account numbers below): (a) _____ (b) _____ (c) _____	(list amounts below): (a) _____ (b) _____ (c) _____ Total = \$ 0.00
Other forms of income/deposits (list sources below): (a) Stimulus Funds _____ (b) _____ (c) _____	(list amounts below): (a) \$ 260,869.02 _____ (b) _____ (c) _____ Total = \$ 260,869.02
Less allowance for returns and discounts	\$

➔ *TOTAL = **\$ 317,206.26**

*Total equals item #2 (Total Cash Receipts) on Part C.

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 3911)**

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$
Net Payroll (excluding officer compensation)	\$
Officer Compensation	\$
Subcontractors and Contract Workers	\$
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$
Real Property Lease Payments	\$
Vehicle & Equipment Lease Payments	\$
Utilities (Telephone, Electricity, Water, Other)	\$
Travel and Entertainment	\$
Meal and Food Costs	\$
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$
Real Property Repairs and Maintenance Costs	\$
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$
Freight and Shipping Costs	\$
Advertising and Marketing	\$
Professional Fees (e.g., Attorney, Accountant)	\$
Quarterly Fees	\$
Transfers to other accounts (list last 4 digits of account numbers below): (a) <u>5082</u> (b) _____ (c) _____	(list amounts below): (a) <u>\$ 278,918.91</u> (b) _____ (c) _____ Total = \$ 278,918.91
Other (PROVIDE ATTACHMENT)	\$ 1,509.74

➔ *TOTAL = \$ 280,428.65

*Total equals item #3 (Total Cash Disbursements) on Part C.

**SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: ☐ Operating Account (Last 4 Digits: _____)
☐ Tax Account (Last 4 Digits: _____)
☐ Payroll Account (Last 4 Digits: _____)
☒ Vision Account (Last 4 Digits: 8255)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: **\$ 4,242.08**
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: **\$ 0.00**
[On following page- ***EXHIBIT 1***
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: **\$ 0.00**
[On following page- ***EXHIBIT 2***
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: **\$ 4,242.08**

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: **\$ 4,242.08**
6. PLUS UNCLEARED DEPOSITS **\$ 0.00**
7. LESS UNCLEARED CHECKS **\$ 0.00**
8. ENDING RECONCILED BALANCE: ***\$ 4,242.08**

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 8255)

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$
Collection of pre-petition accounts receivable	\$
Borrowing by Debtor (list sources below): (a) _____ (b) _____ (c) _____	(list amounts below): (a) _____ (b) _____ (c) _____ <div style="text-align: right;">Total = \$ 0.00</div>
Transfers from other accounts (list last 4 digits of account numbers below): (a) _____ (b) _____ (c) _____	(list amounts below): (a) _____ (b) _____ (c) _____ <div style="text-align: right;">Total = \$ 0.00</div>
Other forms of income/deposits (list sources below): (a) _____ (b) _____ (c) _____	(list amounts below): (a) _____ (b) _____ (c) _____ <div style="text-align: right;">Total = \$ 0.00</div>
Less allowance for returns and discounts	\$

➔ *TOTAL = \$ 0.00

***Total equals item #2 (Total Cash Receipts) on Part C.**

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 8255)**

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$
Net Payroll (excluding officer compensation)	\$
Officer Compensation	\$
Subcontractors and Contract Workers	\$
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$
Real Property Lease Payments	\$
Vehicle & Equipment Lease Payments	\$
Utilities (Telephone, Electricity, Water, Other)	\$
Travel and Entertainment	\$
Meal and Food Costs	\$
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$
Real Property Repairs and Maintenance Costs	\$
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$
Freight and Shipping Costs	\$
Advertising and Marketing	\$
Professional Fees (e.g., Attorney, Accountant)	\$
Quarterly Fees	\$
Transfers to other accounts (list last 4 digits of account numbers below): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (a) _____ (b) _____ (c) _____ </div> <div style="width: 45%;"> (list amounts below): (a) _____ (b) _____ (c) _____ Total = \$ 0.00 </div> </div>	
Other (PROVIDE ATTACHMENT)	\$

➔ ***TOTAL = \$ 0.00**

***Total equals item #3 (Total Cash Disbursements) on Part C.**

**SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: ☐ Operating Account (Last 4 Digits: _____)
☐ Tax Account (Last 4 Digits: _____)
☐ Payroll Account (Last 4 Digits: _____)
☒ Cohesive's Account (Last 4 Digits: 2458)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: **\$ 683,942.08**
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: **\$ 599,835.56**
[On following page- ***EXHIBIT 1***
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: **\$ 1,200,348.50**
[On following page- ***EXHIBIT 2***
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: **\$ 83,429.14**

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: **\$ 83,429.14**
6. PLUS UNCLEARED DEPOSITS **\$ 0.00**
7. LESS UNCLEARED CHECKS **\$ 0.00**
8. ENDING RECONCILED BALANCE: ***\$ 83,429.14**

*If item #4 differs from Item #8, please explain:

EXHIBIT 1**DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 2458)**

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$534,546.76
Collection of pre-petition accounts receivable	\$849.62
Borrowing by Debtor (list sources below): (a) _____ (b) _____ (c) _____	(list amounts below): (a) _____ (b) _____ (c) _____ Total = \$ 0.00
Transfers from other accounts (list last 4 digits of account numbers below): (a) _____ (b) _____ (c) _____	(list amounts below): (a) _____ (b) _____ (c) _____ Total = \$ 0.00
Other forms of income/deposits (list sources below): (a) EDS Prem Payment _____ (b) Medicaid Shopp Payment _____ (c) _____	(list amounts below): (a) \$ 1,253.68 _____ (b) \$ 63,185.50 _____ (c) _____ Total = \$ 64,439.18
Less allowance for returns and discounts	\$

➔ *TOTAL = **\$ 599,835.56** _____

*Total equals item #2 (Total Cash Receipts) on Part C.

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 2458)**

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$
Net Payroll (excluding officer compensation)	\$
Officer Compensation	\$
Subcontractors and Contract Workers	\$
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$
Real Property Lease Payments	\$
Vehicle & Equipment Lease Payments	\$
Utilities (Telephone, Electricity, Water, Other)	\$
Travel and Entertainment	\$
Meal and Food Costs	\$
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$
Real Property Repairs and Maintenance Costs	\$
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$
Freight and Shipping Costs	\$
Advertising and Marketing	\$
Professional Fees (e.g., Attorney, Accountant)	\$
Quarterly Fees	\$
Transfers to other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) <u>to 5082</u>	(a) \$ 1,200,072.00
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 1,200,072.00
Other (PROVIDE ATTACHMENT)	\$276.50

➔ ***TOTAL = \$ 1,200,348.50**

***Total equals item #3 (Total Cash Disbursements) on Part C.**

**SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: ☐ Operating Account (Last 4 Digits: _____)
☐ Tax Account (Last 4 Digits: _____)
☐ Payroll Account (Last 4 Digits: _____)
☒ Cohesive Account (Last 4 Digits: 5518)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 116,998.21
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 496,338.31
[On following page- ***EXHIBIT 1***
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 591,024.03
[On following page- ***EXHIBIT 2***
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 22,312.49

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 58,066.35
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ 35,753.86
8. ENDING RECONCILED BALANCE: *\$ 22,312.49

*If item #4 differs from Item #8, please explain:

EXHIBIT 1**DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 5518)**

RECEIPTS:	AMOUNT:
Sales	\$
Rental Income	\$
Collection of post-petition accounts receivable	\$
Collection of pre-petition accounts receivable	\$
Borrowing by Debtor (list sources below): (a) _____ (b) _____ (c) _____	(list amounts below): (a) _____ (b) _____ (c) _____ Total = \$ 0.00
Transfers from other accounts (list last 4 digits of account numbers below): (a) from Trustee _____ (b) _____ (c) _____	(list amounts below): (a) \$ 495,938.79 _____ (b) _____ (c) _____ Total = \$ 495,938.79
Other forms of income/deposits (list sources below): (a) Misc. Return _____ (b) _____ (c) _____	(list amounts below): (a) \$ 399.52 _____ (b) _____ (c) _____ Total = \$ 399.52
Less allowance for returns and discounts	\$

➔ *TOTAL = **\$ 496,338.31**

*Total equals item #2 (Total Cash Receipts) on Part C.

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 5518)**

DISBURSEMENTS:	AMOUNT:
Payments to Secured Creditors	\$
Purchases of Inventory	\$11,758.20
Net Payroll (excluding officer compensation)	\$334,403.22
Officer Compensation	\$
Subcontractors and Contract Workers	\$128,381.83
Payroll Taxes	\$
Sales Tax	\$
Property Taxes	\$
Supplies and Materials	\$29,572.37
Real Property Lease Payments	\$3,976.22
Vehicle & Equipment Lease Payments	\$9,938.66
Utilities (Telephone, Electricity, Water, Other)	\$4,705.48
Travel and Entertainment	\$
Meal and Food Costs	\$
Transportation Costs (e.g., fuel, tolls, parking)	\$
Vehicle Maintenance and Repairs Costs	\$
Equipment Repair Costs	\$
Real Property Repairs and Maintenance Costs	\$3,431.00
Vehicle Insurance Premiums	\$
Life and Health Insurance Premiums	\$19,636.25
Real Property Insurance Premiums	\$
Other Insurance Premiums	\$
Office Supplies	\$249.00
Freight and Shipping Costs	\$
Advertising and Marketing	\$550.20
Professional Fees (e.g., Attorney, Accountant)	\$
Quarterly Fees	\$
Transfers to other accounts (list last 4 digits of account numbers below):	(list amounts below):
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
	Total = \$ 0.00
Other (PROVIDE ATTACHMENT)	\$44,421.60

→ *TOTAL = \$ **591,024.03**

*Total equals item #3 (Total Cash Disbursements) on Part C.

PART D: SUMMARY OF ACCOUNT RECEIVABLES

	<u>AMOUNT:</u>
1. Beginning Balance	\$ <u>1,287,324.83</u>
2. Sales on Account	\$ <u>2,857,293.80</u>
3. Collections on Account	\$ <u>3,551,819.57</u>
4. Ending Balance [Item #1 plus #2 minus #3]	\$ <u>592,799.06</u>

STATUS OF COLLECTIONS:

	<u>AMOUNT:</u>
Current to 30 days	\$ _____
31 to 60 days	\$ _____
61 to 90 days	\$ _____
91 to 120 days	\$ _____
121 days and older	\$ _____
TOTAL:	\$ _____

PART E: SUMMARY OF ACCOUNTS PAYABLE

[EXCLUDING PRE-PETITION ACCOUNTS PAYABLE]

AMOUNT:

Current to 30 days	\$ <u>398,097.83</u>
31 to 60 days	\$ <u>260,929.47</u>
61 to 90 days	\$ <u>186,395.31</u>
91 to 120 days	\$ <u>186,547.52</u>
121 days and older	\$ <u>1,655,847.76</u>
 TOTAL:	 \$ <u>2,687,817.89</u>

If there are payables outstanding greater than 60 days, please provide an explanation:

- 1. Cohesive Management fee invoices for \$225,000.00 for which down payments of \$40,000.00 has been approved by the Trustee. Cohesive Staffing Solutions and Cohesive payroll fee and workers comp invoices have yet to be approved**
- 2. Dr. Gregory Morgan invoices based on a monthly compensation of \$4,333.34. Time sheets/invoices for Wound Care rounds have been received. The hospital is waiting on Dr. Morgan's contract to be approved by the Trustee.**

PART F: STATUS OF PAYMENTS TO SECURED CREDITORS

Instructions: List all secured creditors and collateral descriptions, regardless if payments are made

☐ Check if this form is not applicable to the Debtor

Creditor Name:	First Financial Corporate Leasing
Description of Collateral:	Blanket Lien on Accounts
Amount Paid this Month:	\$ 0.00
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	HMC/CAH Note Acquisition, LLC
Description of Collateral:	Blanket Lien on Accounts
Amount Paid this Month:	\$ 0.00
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	GEL Funding, LLC
Description of Collateral:	Blanket Lien
Amount Paid this Month:	\$ 0.00
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	Johnson & Johnson Finance Corp
Description of Collateral:	Ortho clinical diagnostic ECIQ analyzer
Amount Paid this Month:	\$ 0.00
Payment Pursuant to Bankruptcy Court Order?	

STATUS OF PAYMENTS TO SECURED CREDITORS

Creditor Name:	
Description of Collateral:	
Amount Paid this Month:	
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	
Description of Collateral:	
Amount Paid this Month:	
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	
Description of Collateral:	
Amount Paid this Month:	
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	
Description of Collateral:	
Amount Paid this Month:	
Payment Pursuant to Bankruptcy Court Order?	
Creditor Name:	
Description of Collateral:	
Amount Paid this Month:	
Payment Pursuant to Bankruptcy Court Order?	

PART G: STATUS OF PAYMENTS TO LESSORS*Instructions: List all lessors and description of leased property, regardless if payments are made*☐ Check if this form is not applicable to the Debtor

Lessor Name:	City of Prague
Description of Leased Property:	Building Lease
Amount Paid this Month:	\$ 0.00
Is Lease Current?	
Lessor Name:	Standley Systems
Description of Leased Property:	Vehicle and Equipment Lease
Amount Paid this Month:	\$ 0.00
Is Lease Current?	
Lessor Name:	Beckman Coulter
Description of Leased Property:	Vehicle and Equipment Lease
Amount Paid this Month:	\$ 0.00
Is Lease Current?	
Lessor Name:	Hospital Equipment Rental
Description of Leased Property:	Vehicle and Equipment Lease
Amount Paid this Month:	\$ 9,700.00
Is Lease Current?	

STATUS OF PAYMENTS TO LESSORS

Lessor Name:	Prague Self Storage
Description of Leased Property:	Property Lease Payment
Amount Paid this Month:	\$ 0.00
Is Lease Current?	
Lessor Name:	Industrial Weldin & Tool Supply
Description of Leased Property:	Vehicle and Equipment Lease Payment-Acct Prepay
Amount Paid this Month:	\$ 0.00
Is Lease Current?	
Lessor Name:	Intelligent Power Solutions
Description of Leased Property:	Vehicle and Equipment Lease
Amount Paid this Month:	\$ 0.00
Is Lease Current?	
Lessor Name:	Farnam Financial
Description of Leased Property:	Lab/dietary equipment
Amount Paid this Month:	\$ 0.00
Is Lease Current?	
Lessor Name:	US Med Equipment
Description of Leased Property:	BiPAP/Vent Rental
Amount Paid this Month:	\$ 0.00
Is Lease Current?	

STATUS OF PAYMENTS TO LESSORS

Lessor Name:	Auto-Chlor
Description of Leased Property:	Dishwasher
Amount Paid this Month:	\$ 238.66
Is Lease Current?	
Lessor Name:	Werfen
Description of Leased Property:	lab equipment lease
Amount Paid this Month:	\$ 0.00
Is Lease Current?	
Lessor Name:	Sizewise
Description of Leased Property:	patient bed rental
Amount Paid this Month:	\$ 0.00
Is Lease Current?	
Lessor Name:	
Description of Leased Property:	
Amount Paid this Month:	
Is Lease Current?	
Lessor Name:	
Description of Leased Property:	
Amount Paid this Month:	
Is Lease Current?	

PART H: SUMMARY OF OFFICER/OWNER COMPENSATION, PROPERTY SALES AND PROFESSIONAL FEE PAYMENTS

1.) REPORT ALL COMPENSATION PAID TO ANY OFFICER OR OWNER THIS MONTH:

☒ Check if no officer compensation was paid this month

Name of Officer/Owner of the Debtor	Monthly Compensation Authorized by the Court	Compensation Received this Month

2.) PROPERTY SALE REPORT:

☒ Check if the Debtor did not sell any property this month

Description of Property Sold	Date Property Sold	Gross Sale Proceeds	Net Sale Proceeds Paid to Debtor

3.) REPORT OF ALL PAYMENTS MADE TO PROFESSIONALS THIS MONTH:

☒ Check if the Debtor did not pay any professionals this month

Name of Professional	Date Compensation Approved	Compensation Authorized by the Court	Compensation Received this Month

Total Disbursements for the Quarter	Amount of Fee Due
\$0 to \$14,999.00	\$325.00
\$15,000.00 to \$74,999.99	\$650.00
\$75,000.00 to \$149,999.99	\$975.00
\$150,000.00 to \$224,999.99	\$1,625.00
\$225,000.00 to \$299,999.99	\$1,950.00
\$300,000.00 to \$999,999.99	\$4,875.00
Total disbursements are equal to or greater than \$1,000,000.00	1% of total disbursements or \$250,000.00, whichever is less